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Grace Peterson Nursing Research Colloquium

2019

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Mar 19th, 12:30 AM - 12:30 AM

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Nency Antoine  
[nence1@aol.com](mailto:nence1@aol.com)

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Antoine, Nency, "Consequences Of Workplace Bullying on Employees' Health and Organization" (2018). *Grace Peterson Nursing Research Colloquium*. 30.  
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Consequences Of Workplace Bullying On Employees' Health And Organizations

Nency Antoine

Advisor: Elizabeth Aquino

NSG 598

DePaul University

### **Abstract**

**Background:** Workplace bullying can be defined as an act of incivility and violence within the work milieu. Workers who are targets of and the organizations where bullying actions happen may suffer grave consequences as a result.

**Purpose:** This integrative literature review is undertaken to shed further understanding and knowledge in the issue of workplace bullying in hopes of motivating organizational leaders, workers, and lawmakers to take actions to stop it.

**Methods:** An integrative review was performed as proposed by Whitemore and Knarfl (2005). A total of 200 peer-reviewed articles were initially found using PsycInfo, CINAHL, Medline, and PubMed databases. From these articles, 30 peer-reviewed research articles were chosen, reevaluated, analyzed, and 12 final ones were chosen.

**Results:** The results indicated that bullied employees experience various physical and psychological health consequences, such as musculoskeletal diseases, depression. Institutions where bullying takes place face low productivity, high costs and turnovers, and financial burdens.

**Conclusion:** The consequences of workplace bullying are far-reaching for both individuals and organizations. Despite the limited nature of this literature review, the findings can serve as a benchmark to encourage further studies in designing sensible instruments to uproot bullying in the work environment, enhance the understanding of lawmakers regarding this issue and encourage them to pass appropriate laws to contain this problem.

*Keywords:* workplace bullying, individual impact, organizational impact.

## **Introduction**

### **Background/Significance**

Workplace bullying is characterized as aversive or abusive actions of one or more employees toward one or several others. The United States Workplace Bullying Institute (WBI) describes bullying as a “campaign of interpersonal destruction that jeopardizes the victims’ health and career” (Workplace Bullying Institute, n.d., para. 3). “Bullying is a non-physical, non-homicidal form of violence and, because it is violent and abusive, emotional harm frequently results” (Workplace Bullying Institute, n.d., para. 1). These abusive behaviors may be in the forms of physical threats, humiliation, intimidation, and or work sabotage, which can ultimately impact the victims’ health and wellbeing (Workplace Bullying Institute, n.d.)

Typically, employees who are targets of bullying are respectful, honest, and the most “skilled members of the workgroup” (Workplace Bullying Institute, n.d., para. 4). They hold higher moral values and “do not respond to aggression with aggression” (Workplace Bullying Institute, n.d., para. 7). However, the price paid for apparent weakness is that the bully – commonly referred to as the instigator, can act without hindrance (Workplace Bullying Institute, n.d.). Workplace bullying includes the misuse or abuse of power in order to gain opportunities and a competitive edge (Bartlett & Bartlett, 2011). In this context, regular workplace activities such as workloads, evaluation, and advancement create instances for the bully to charge on the target – the person being bullied (Bartlett & Bartlett, 2011). That is why bullying behaviors often give rise to a sense of helplessness, injustice, and annihilate the target right to dignity and respect (Safety & Health Assessment & Research for Prevention Program (SHARP), n.d.).

Workplace bullying occurs more frequently than previously considered. Bullying actions exist in all work environments and can be exercised by all workers. Of note, it is reported to occur at a high rate in the healthcare domain (Pellegrini, 2016; Ariza-Montes et al., 2013). In fact, lateral violence, which is defined as abuse or violence in the workplace between peers, is a major concern in the nursing profession (Bordignon & Montereiro, 2016). Furthermore, Williams (2011) acknowledges that workplace violence is a silent epidemic, one that is costly in terms of employee health, job satisfaction, and work productivity. In a research study involving a randomized sample of U.S. workers (N = 2376), Schat, Frone, & Kelloway (2006) revealed that 41.4 % of the respondents experienced psychological aggression at work in the past year; and 13% experienced psychological aggression weekly. These findings underline the prevalence of workplace violence in the U.S.

Moreover, another aspect of workplace violence focuses on the top to bottom culture of organizations. Some institutions encourage workplace violence, either by denying or failing to address it. Other institutions promote an environment where bullying actions are encouraged by placing high expectations on employees, yet treating them poorly when they do not reach the assigned goals. At times, organizational leaders may embolden employees to report false accounts about coworkers with promises of a higher position or threats of dismissal or punishment (SHARP, n.d.). Surely, when a supervisor witnesses a bullying act and does nothing, he or she should share in the blame for all future abuses that take place in the organization (SHARP, n.d.). The truth is individuals are less likely to engage in bullying behaviors when they know they will be reprimanded and or disciplined (SHARP, n.d.).

### **Problem Statement**

There is a growing awareness of workplace violence by the public, in consideration of the large volume of literature that has been published on the subject since the 1990s (Mills et al., 2004). Yet, despite the extensive and universal nature of violence in the workplace, there are no pertinent laws passed in the United States to address it. The government tends to consider workplace bullying a third rate issue, as compared to hunger, war, and acute social unrests. However, this problem is far too important and its consequences on workers' health and institutions potentially too significant to be ignored. Workplace bullying needs to be contained, controlled, and ultimately annihilated, as it has no place in a decent and sensible world.

### **Purpose of Research**

The purpose of this research is to highlight the consequences of workplace bullying on workers and organizations, in hopes to mobilize lawmakers, workers, and organizational leaders into actions to control, contain, and ultimately destroy it.

### **Research Questions**

1. What are the consequences of workplace bullying on employees' health after exposure, either as witnesses or as direct victims?
2. What are the consequences of workplace bullying on organizations where it takes place?

### **Conceptual Framework**

The U.S. Department of Health and Human Services (HHS) launched in 2010 the Healthy People 2020 initiative, which is the Nation's 10-year goals and objectives for health promotion and disease prevention (HHS News, 2010). Healthy People 2020 is designed to address health-promotion and disease-prevention goals in the country. HHS has been working for over 30 years to improve the Nation's health by producing a framework for public health preventions and

actions (HHS News, 2010). The Healthy People 2020 objectives for health promotion and disease prevention touch on a wide range of health and social issues, including access to health care, family planning, and environmental health.

The environmental health objective upholds this research topic, as it emphasizes the impact of a hostile environment on people's health. This health objective rests on humans' constant interaction with the environment, where the interplay between the two creates a scenario that is impactful – where human's life and health status are influenced by the nature of the environment (Healthy People 2020, 2010). The World Health Organization (WHO) (n.d.), for instance, defines environment health as all the physical, chemical, and biological factors external to a person and all the related interactions that can influence its core. Essentially, the environmental health objective seeks “to prevent or control disease, injury, and disability related to the interactions between people and their environment” (Healthy People 2020, n.d., para 1).

Workers who are exposed to workplace violence operate in a degraded environment that can be detrimental to their health sustenance. Employees may experience a myriad of health issues as a result of exposure to workplace bullying, including pain, sleep disorders, and depression. In fact, targets of bullying aggressions with a predisposing factor to these diseases are at an even higher risk to develop them. Healthy People 2020 affirms that a low-quality environment can affect people whose health status is already compromised to an even greater degree. More importantly, Healthy People 2020 (2010) give credence to the idea that a healthy environment is paramount for people to live a long, healthy, and happy life. So, to create a safer and healthier workplace environment, the government, human resources representatives, and workers must work together to eliminate all potentially negative environmental stimuli.

## **Method**

## **Research Design**

An integrative literature review follows the analysis and synthesis of the literature to present a comprehensive understanding of a particular phenomenon or problem (Whitemore & Knafl, 2005). The following key-points were delineated: 1) Problem identification – workplace bullying and its consequences on employees' health and organizations; 2) A literature search; 3) Data evaluation of the 12 chosen articles; 4) Data analysis via a chart matrix.

The effectiveness of each research study article was analyzed to determine its strengths and weaknesses. The information obtained can serve to shed more light on the problem of workplace bullying and guide actions toward resolving it.

## **Literature Search Strategies**

For the integrative literature review, Rush University Medical Center and DePaul libraries were utilized. Searches for research articles published in English, in peer-reviewed journals between 2011 and 2017, were conducted in the following databases: Medline, Cumulative Index to Nursing and Allied Health Literature (CINAHL), Psych Info, and PubMed. The search-keywords were “workplace bullying”, “organization”, and “employee's health”.

## **Literature Search Limitations and Inclusion/Exclusion Criteria**

The articles were limited to peer-reviewed articles that were published between 2011 and 2017. Initial searches using the aforementioned keywords yielded over 200 articles on the subject of workplace bullying. A quick review of the articles' abstracts was conducted to identify the ones that discussed the topic of workplace bullying and its related consequences on employees and or organizations. Subsequent to the review, 30 articles were identified and chosen for reevaluation. Next, the 30 articles' full texts were reviewed several times to discern the articles



that discussed bullying dynamics and associated consequences on employees' health and organizations. The inclusion criteria were a) research methods (qualitative or quantitative) were used; (b) investigation of bullying that happened within the work environment. The exclusion criteria were a) literature reviewed articles; b) research articles where bullying took place online or amongst school children. A total of 12 articles were chosen to form the backbone of the literature review process.

### **Data Analysis**

The 12 articles were categorized as follow: Source; Purpose; Design; Sample; Consequences of workplace bullying on employees' health; Consequences of workplace bullying on organizations. The studies were then transferred to a chart matrix to be synthesized, analyzed to render more efficient the task of identifying each article key elements, findings, and conclusions.

### **Findings**

The findings compiled below detailed: a) the consequences of workplace bullying on employees' health; b) the consequences of workplace bullying on organizations.

### **Consequences of Workplace Bullying on Employee's Health**

Research question 1, sought to answer the health consequences of workplace bullying on employees who have either witnessed or directly experienced workplace bullying. The health consequences these employees experience are categorized as physical and psychological.

### **Physical Health Consequences**

#### *Pain*

Several research studies have linked workplace bullying to physical health hazards (Hansen et al., 2014; Høgh et al., 2011; MacIntosh, 2012; Takaki et al., 2013; Vignoli et al., 2015). Employees who are exposed to bullying, work-related bullying, and sexual harassment have reported to experience pain (Takaki et al., 2013). The researches also discovered that even after adjustment for depression – which can also cause symptoms of pain, the association of workplace bullying and harassment with pain remained significant (Takaki et al., 2013). Moreover, Yahaya et al (2012) found workplace bullying to be a deleterious problem – one that can lead to physical, emotional, and psychological damages to employees. They further advanced that workplace bullying actions, such as belittling comments, persistent criticism of work and withholding resources, can inflict even more harm on employees (Yahaya et al., 2012).

#### *Musculoskeletal Disorders*

Musculoskeletal disorders (MSD) are injuries that affect the skeletal system. Some workers developed musculoskeletal disorders (MSD) symptoms after exposure to workplace bullying (Vignoli et al., 2015). Vignoli et al (2015) found occupational stress to be a mediator between bullying and MSD. In addition, the researchers identified a link between the frequency of workplace bullying exposure and the incidence of MSD (Vignoli et al., 2015). The more workers are exposed to workplace bullying, the more they report symptoms of MSD, including upper back pain, lower back pain, and neck pain (Vignoli et al., 2015).

#### *Sleep*

Employees who have either witnessed or directly experienced bullying reported to experience sleep difficulties (Hansen et al., 2014). As reported by Hansen et al (2014), employees who experience frequent or occasional bullying reported more sleep disturbances

compare to those who were neither bullied nor witnessed to bullying at baseline. In certain instances, employees may continue to suffer from sleep deprivation long after the bullying actions take place. Hansen et al. (2014) confirmed this phenomenon as they indicated that bullying at baseline is associated with sleep difficulties at follow-up 2 years later after the bullying actions take place.

### **Psychological Health Consequences**

#### *Impact on the Body System Stress Reactions Mechanisms*

Exposure to direct and long-standing incivility at work is found to be associated with depression, post-traumatic stress disorders (PTSD), mental health impairment, and suicidal ideation (Hogh et al., 2012; Gallander et al. 2014; Laschinger & Nosko, 2015; Olsen et al., 2015). Targets of self-labelled bullying and targets of negative acts show symptoms of both psychological and physiological stress response, as they may indicate traumatic stress reactions from perceived negative stimuli (Hogh et al., 2012). It is found that exposure to different type of negative acts can generate different stress reactions (Hogh et al., 2012). For example, direct harassment is found to be linked with avoidance while being intimidated is found to be linked with intrusive thoughts – an unwelcome thought that may be difficult to control, and hyper-arousal emotions – defined as heightened anxiety and arousal responses (Hogh et al., 2012). Over time, continued exposure to bullying can exacerbate the stress reaction mechanisms, thereby increasing the development of more health problems (Hogh et al., 2012). Furthermore, Hogh et al (2012) discovered a positive and significant association between negative acts at work and lower physiological stress response – the body's natural mechanism to detect and cope with stress.

*Psychological Stress Reactions, Physiological Stress Response*

Hogh et al (2012) found that direct harassment and intimidating behaviors at work can be more detrimental than others in causing psychological stress reactions and physiological stress response in individuals. Also, Laschinger & Nosko (2015) reported that workplace bullying is associated with significant depletion of the psychological capital system– individual’s resiliency and self-efficacy system, and post traumatic symptomatology – grief symptoms experienced by targets of workplace bullying. Furthermore, according to Lashinger & Nosko (2015), victims of workplace bullying may display post traumatic stress disorders (PTSD) symptoms.

*Depression*

Depression is found to be a health hazard of bullying actions (Gallander et al., 2014). A strong potential association is identified between self-labeled bullying at the workplace in the past 6 months and the occurrence of depression 2 years later among employees without depression at baseline (Gallander et al., 2014). Furthermore, the risk of depression was found to be related to the severity of bullying, as the risk was markedly higher in participants who reported weekly or daily bullying as compared to participants with less frequent bullying exposure (Gallander et al., 2014).

*Suicidal ideation*

Workplace bullying can impact employees’ psychological health so profoundly that they develop suicidal ideation (Nielsen et al., 2016). Exposure to physical intimidation is more likely to drive targets toward suicidal ideation, as compared to person to person or work-related bullying (Nielsen et al., 2016). Moreover, the impact of physical intimidation tends to linger long

after the event. Nielsen et al (2016) support this statement as they found physical threats to be a significant risk factor for suicidal ideation two and five years after the fact.

### **Consequences of Workplace Bullying on Organizations**

Research question 2, sought to answer the consequences of workplace bullying on organizations where bullying takes place. Consequences of workplace bullying on organizations can be productivity, work performance; costs, turnovers, and financial burdens.

#### **Productivity, Work Performance**

##### *Low Productivity, Depleted Work Performance.*

The effectiveness of productivity efforts by employees who are exposed to bullying is compromised by low performance, sickness, and lack of enthusiasm (Hansen, 2014; Schat & Frone, 2011; Yahaya et al., 2012). Yahaya et al (2012) discovered a significant and negative association between workplace bullying and work performance. They also indicated that workplace bullying affects the ability of both employees and organizations to perform well (Yahaya et al., 2012). Schat & Frone (2011) pointed out that exposure to workplace bullying has the potential to cause decrements in tasks and conceptual job performance by compromising workers' overall health and job attitudes. In addition, the number of workers who are exposed to bullying may be considerable, which can further impact the quantity and the quality of work production. Hansen et al. (2014) confirmed this assessment as they indicated that workplace bullying affects the bullied, the witnesses, and thereby a larger part of the workforce.

#### **Costs, Turnovers, and Financial Problems**

##### *High Costs, High Turnovers, and Subsequent Financial Burdens.*

High turnover rates tend to be costly to employers, as they spend large sum of money to replace and train the employees who have left as a result of bullying (Hogh et al., 2011; Ayaha et al., 2012). According to Hogh et al (2011), workplace bullying can trigger the psychological process that prompt employees to contemplate and ultimately lead them to leave the organization. Experienced employees who are exposed to workplace bullying are more likely to leave the job as a result of bullying as compared to non experienced ones (Hogh et al., 2011), a phenomenon that can further impact the effectiveness of the company's service. Employees who chose to stay still may have longer time away from productive work, as they dealt with the health issues fallout of workplace bullying – a situation that can be costly to themselves, to the organization, and to society (MacIntosh, 2012). Furthermore, employees' low performance because of workplace bullying can ultimately translate into low profits and revenues for the organization (Ayaha et al., 2012) – factors that can place an organization into serious financial troubles. Essentially, workplace bullying places a burden on workers, organizations, and collectively a nation's economy (Schat & Frone, 2011).

### **Discussion**

As supported by the articles reviewed in this research study, the consequences of bullying are far-reaching for both individuals and organizations. This literature review has demonstrated the pervasive nature of workplace bullying, as it can occur in any work environment, including health care, research laboratories, and factories. It also provided constructs to characterize workplace bullying consequences on employees' health and organizations.

The findings can serve to guide further research projects in designing sound instruments that can help organizational leaders effectively assess bullying within their organizations, evaluate its impacts, and devise ways to contain it before it becomes too consequential for all

parties involved. It is also framed to enhance the understanding of lawmakers regarding the seriousness of workplace bullying and inspire them to pass plausible laws to promote healthier working environments thereby enhancing the health of the nation.

### **Conclusion**

The analysis of the literature helped pinpoint some of the critical consequences workplace bullying behaviors exert on employees' health and organizations. However, the review is limited to previous literature used to decipher the consequences of workplace bullying on employees and organizations. Also, it is important to note these observations and conclusions rely on self-reporting to evaluate both exposure and consequences. Such approach raises the risk of common biases, such as honesty, introspective capability, and understanding. Direct observation could help validate these findings and conclusions. Experimental studies could provide stronger support in deciphering ways to assess, evaluate, and eliminate workplace bullying.

### **Implications of the study for nursing**

This research study can potentially enhance nurses' understanding of the relationship between workplace bullying and its consequences on employees' health and organizations. It can contribute to prepare nurses to identify workplace bullying when they are confronted with it and inspire them to take necessary actions to combat it. Lastly, awareness of bullying and its impacts can help nurses avoid becoming victims themselves or perpetrators.

## References

- Ariza-Montes, A., Muniz, N. M., Montero-Simo, M. J., & Araque-Padilla, R. A. (2013). Workplace bullying among healthcare workers. *Int J Environ Res Public Health*, 10(8), 3121-3139.
- Bartlett, J. E., & Bartlett, M. E. (2011). Workplace bullying: An integrative literature review. *Advances in Developing Human Resources*, 13(1), 69-84. DOI: 10.1177/1523422311410651
- Bordignon, M. & Monteiro, M. I. (2016). Violence in the workplace in nursing: Consequences overview. *Revista Brasileira de Enfermagem*, 69(5). Retrieved from <http://dx.doi.org/10.1590/0034-7167-2015-0133>.
- Gullander, M., Hogh, A., Hansen, A. M., Persson, R., Rugulies, R., Kolstad, H., Henrik, A., Thomsen, J. F., Willert M. F., Grynderup, M., Mors, O., & Blonde, J. P. (2014). Exposure to workplace bullying and risk of depression. *Journal of Occupational and Environmental Medicine*, 56(12), 1258-1265.
- Hansen, A. M., Hogh, A., Garde, A. H., & Persson, R. (2014). Workplace bullying and sleep difficulties: A 2-year follow-up study. *International Archives of Occupational and Environmental health*, 87(3), 285-294.
- Healthy People 2020. (2010). Healthy People 2020 archives. Retrieved from [http://www.healthypeople.gov/2010/?\\_ga=2.51556779.345352610.1493887455-2035360484.1459828109](http://www.healthypeople.gov/2010/?_ga=2.51556779.345352610.1493887455-2035360484.1459828109)
- Healthy People 2020. (n.d.). Environmental health. Retrieved from <https://www.healthypeople.gov/2020/topics-objectives/topic/environmental-health>



HHS News. (2010). HHS announces the nation's new health promotion and disease prevention agenda.

Retrieved from [https://www.healthypeople.gov/sites/default/files/DefaultPressRelease\\_1.pdf](https://www.healthypeople.gov/sites/default/files/DefaultPressRelease_1.pdf)

Hogh, A., Hoel, H., & Carneiro, I. G. (2011). Bullying and employee turnover among healthcare workers: A three-wave prospective study. *Journal of Nursing Management*, 19, 742-751.

Hogh, A., Hansen, A. M., Mikkelsen, G. A., & Persson, R. (2012). Exposure to negative acts at work, psychological stress reactions and physiological stress response. *Journal of Psychosomatic Research*, 73, 47-52.

Lashinger, K. H. & Nosko, A. (2015). Exposure to workplace bullying and post-traumatic stress disorder symptomology: The role of protective psychological resources. *Journal of Nursing Management*, 23, 252-262.

MacIntosh, J. (2012). Workplace bullying influences women's engagement in the workforce. *Issues in Mental Health Nursing*, 33(11), 762-768.

Nielsen, M. B., Einarsen, S., Notelaers, G., & Nielsen, G. H. (2016). Does exposure to bullying behaviors at the workplace contribute to later suicidal ideation? A three-wave longitudinal study. *Scand J Work Environ Health*, 42(3), 246-250.

Olsen, I. B., Overland, S., Reme, S. E., & Lovvik, C. (2015). Exploring work-related causal attributions of common mental disorders. *J Occup Rehabil*, 25, 493-505.

Pellegrini, C. A. (2016). Workplace bullying is a real problem in health care. *Bulletin of the American College of Surgeon. Web Journal*. Retrieved from <http://bulletin.facs.org/2016/10/workplace-bullying-is-a-real-problem-in-health-care/>

Safety & Health Assessment & Research for Prevention. (n.d.). Workplace bullying and disruptive behavior: What everyone needs to know? Retrieved from

<http://www.lni.wa.gov/Safety/Research/Files/Bullying.pdf>

Schat, A. C., Frone, M. R., & Kelloway, E. K. (2006). Prevalence of workplace aggression in the U.S. workforce: Findings from a national study. *Handbook of Workplace Violence*, 47-90.

doi:10.4135/9781412976947.n4

Schat, A., & Frone, M. R. (2011). Exposure to psychological aggression at work and job performance: The mediating role of job attitudes and personal health. *Work Stress*, 25(1), 23-40.

Takaki, J., Taniguchi, T., & Hirokawa, J. (2013). Associations of workplace bullying and harassment with pain. *Int J Environ Res Public Health*, 10(10), 4560-4570. Doi: 10.3390/ijerph10104560.

Vignoli, M., Guglielmi, D., Balducci, C., & Bonfiglioli, R. (2015). Workplace bullying as a risk factor for musculoskeletal disorders: The mediating role of job-related psychological strain. *Biomed Research International*. Retrieved from <https://www.hindawi.com/journals/bmri/2015/712642/>

Whittemore, R., & Knafl, K. (2005). The integrative review: Updated methodology. *Journal of Advanced Nursing*, 52(5), 546-553. Retrieved from

<http://onlinelibrary.wiley.com/doi/10.1111/j.1365-2648.2005.03621.x/abstract>

Williams, R. (2011). Workplace Bullying: North America silent epidemic. *Financial Post*. Retrieved from <http://business.financialpost.com/executive/careers/workplace-bullying-north-americas-silent-epidemic>.

Workplace Bullying Institute. (n.d.). The Workplace Bullying Institute definition of workplace

bullying. Retrieved from <http://www.workplacebullying.org/individuals/problem/definition/>

Workplace Bullying Institute. (n.d.). Who gets targeted: Why me? Retrieved from  
<http://www.workplacebullying.org/individuals/problem/who-gets-targeted/>

World Health Organization. (n.d.). Quantifying environmental health impacts. Retrieved from  
[http://www.who.int/quantifying\\_ehimpacts/en/](http://www.who.int/quantifying_ehimpacts/en/)

Yahaya, A., Ing, T. C., Lee, M. G., Yahaya, N., Boon, Y., Hashim, S., & Taat, S. (2012). The impact of workplace bullying on work performance. *Archives Des Sciences*, 65,18-28.

## Chart Matrix

Source	Purpose	Design	Sample	Consequences of Workplace Bullying on Employees' Health	Consequences of Workplace Bullying on Organizations
Hansen et al., (2014)	The purpose of this study is two folds: To investigate association between bullying in the workplace and sleep difficulties and to identify whether there was a pattern with the frequency of exposure to or witnessing bullying and severity of sleep problems.	Questionnaires were sent out to individuals about their psychosocial work environment and health.  A follow-up 2 years later, 1671 of the participants responded to a second questionnaire.  Sleep difficulties were measured in terms of disturbed sleep, awakening problems, and poor quality of sleep.	A total of 90 public and private workplaces in Denmark signed up to participate in the study in 2006.  A total of 3382 respondents completed the questionnaire.  Of the 3382 respondents, 2919 employees responded to the question of bullying, with an overall response rate was 46 percent.  Occasional Bullying was found in 45 of the 55 workplaces and frequent bullying in 22 of the 55 workplaces.	The results demonstrate association between being bullied and sleep difficulties at baseline (p. 294).  In the cross-sectional analysis, it is found that those being, either frequently or occasionally bullied, reported more sleep disturbances compare to those who were neither bullied nor witnessed bullying (p. 294).  Bullying at baseline is associated with sleep difficulties at follow-up 2 years later after the action (p. 302).  Witnessing workplace bullying is associated with increased sleep difficulties and at a greater extent among those who frequently witnessed bullying, which may indicate a dose- response relationship (p. 302).	Workplace bullying affects not only the bullied, but also witnesses, and thereby a larger part of the workplace (p. 303).
Hogh et al., (2011).	To investigate the risk of turnover among targets of bullying at work.	Data were collected by questionnaires in a three-wave study among Danish healthcare workers at the time of graduation.	A total of 2154 respondents were included and participated in all the three-waves.  <b>Results</b> 1 <sup>st</sup> year after graduation: 9.2 % reported being bullied at work; 1.8 % frequently; 7.4 % were bullied either monthly or now and	Perception of bullying is associated with negative mental and somatic health outcomes (p. 748).  Workplace bullying has substantive costs for both the individual and the organization (p. 750).	Study confirms relationship between exposure to bullying and turnover (p. 747).  The risk of turnover increases with experience, which might be considered and additional push factor (p. 747 -748).  When the labor market is good, seeking new work was more attractive than staying with the organization

			<p>then.</p> <p>Follow up analysis show a strong relationship between exposure to bullying and turnover for frequently bullied.</p>		<p>(p. 749).</p> <p>Experience of bullying and poor health influence targets to leave the organization, while others cited poor leadership as reason to leave (p. 749).</p> <p>Being persistently exposed to negative acts and consequently labelling the experience as bullying trigger the psychological processes that ultimately lead to the person leaving the organization (p. 748).</p> <p>Workplace bullying has substantive costs for both the individual and the organization (p. 750).</p>
Takaki, J., (2013).	To investigate associations of workplace bullying and harassment with headache, stiffness of the neck or shoulders, lumbago, and pain of two or more joints.	<p>The design is a cross-sectional study.</p> <p>Workplace Bullying and Harassment were assessed using the Negative Acts Questionnaire.</p> <p>Depression was assessed using the Brief Job Stress Questionnaire.</p> <p>The frequency of pain experienced by workers in the previous month was evaluated using a four-point scale.</p> <p>Workplace bullying and harassment were assessed using the Negative Acts Questionnaire (NAQ). using a a four-point scale.</p>	<p>The subjects were recruited from workers (n=1913) at 35 healthcare or welfare facilities in Japan.</p> <p>Scores of person-related bullying and harassment were significant higher in men than women.</p> <p>Headache, stiffness of neck, Lumbago, and pain in two or more joints were positively associated with workplace bullying.</p>	<p>Many positive and significant associations were indicated in this study between bullying, work-related bullying, and sexual harassment with pain (p. 4563).</p> <p>After adjustment for depression, some of the associations of workplace bullying and harassment with pain remained significant (p. 4563).</p>	

Vignoli et al., (2015).	<p>The purpose of this study is:</p> <ol style="list-style-type: none"> <li>1) To analyze the process that leads from bullying to negative health, including musculoskeletal disorders (MSDs).</li> <li>2) To fill the gap in the literature regarding such studies.</li> <li>3) To assess the potential effect of bullying on different kinds of health-related outcomes.</li> <li>4) To investigate the relationship between exposure to bullying and very common work-related physical health problems, such as musculoskeletal disorders (MSDs).</li> <li>5) To identify whether job-related strain acts as a mediator in the relationship between exposure to bullying and MSDs.</li> </ol>	<p>A cross-sectional survey was conducted in a large retail company in Italy.</p> <p>The participants filled out a self-report questionnaire after a one-hour training session in work-related stress problems.</p> <p>A behavioral experience method was used.</p> <p>Bullying was assessed by using the Italian version of the Short Negative Acts Questionnaire (NAQ).</p> <p>Job-related strain was measured through the dimension of emotional exhaustion using the Maslach Burnout Inventory General Survey.</p> <p>Musculoskeletal problems were measured through 4 items related to 4 different parts of the body: upper back, lower back, neck, and shoulders.</p> <p>A job content questionnaire was used as a control variable.</p>	<p>A total of 553 workers participated voluntarily in the study, after the researchers retrieved a randomized sample from the organization's 812 workers.</p> <p>All participants worked in grocery stores belonging to the same organization.</p> <p>The sample was composed of both supervisors and employees.</p>	<p>This study shows direct evidence of job-related strain as a mediator between bullying and MSDs ("Discussion", para. 3).</p> <p>Exposure to bullying affects strain which in turn affects MSDs. ("Results", para. 7).</p> <p>Bullying has a direct effect on strain and on all of the MSDs considered, except for MSDs of the shoulders ("Results", para. 6).</p> <p>Musculoskeletal problems were highly prevalent among the participants, with the highest prevalence being for the low back problem ("Results", para. 3).</p>	
Olsen et al., (2015).	<p>This study aims to examine work-related factors as causal attributions of Common mental</p>	<p>Data analyzed in this study were collected as part of the "At Work and</p>	<p>The AWaC trial sample included 1,193 participants from 6 different</p>	<p>The participants in this study attributed their CMDs with exposure to work-related factors, such</p>	<p>Some participants attribute CMDs to reduced work participation in the form of sickness</p>

	disorders (CMDs).	<p>Coping” (AWaC) trial.</p> <p>Participants answered open-ended questionnaire item about what they believed were the most important causes of their CMDs.</p> <p>Participants were recruited by self-referral, referral from GPs, and through case managers at local national insurance offices or other vocational rehabilitation services.</p> <p>The participants were randomly assigned to a trial group that received short-term work-focused CBT and IPS, or a control group receiving usual care from Norwegian Labor and Welfare Administration (NLWA) services and GPs.</p>	<p>regions in Norway.</p> <p>For the current study, responses from a subsample (n=487) of the AWaC population.</p> <p>The participants attributed the CMDs to the following work-related factors: work stress, leadership, reduced work participation, job dissatisfaction, work conflict, social work environment, job insecurity and change, workplace bullying, and physical strain.</p> <p>Women tend to attribute CMDs to social factors at work.</p>	<p>as workplace leadership, job dissatisfaction, physical strain, and social stressors like workplace conflicts and bullying (p. 498).</p> <p>Workplace bullying is reported by workers as one of the factors that contribute to their common mental disorders (p. 499).</p>	<p>absence, disability and unemployment (p. 498).</p>
Yahaya et al., (2012).	To investigate the relationship between workplace bullying and employees' work performance.	<p>A questionnaire by Negative Acts Questionnaire (NAQ) which consists of 22 items of the negative acts was used to measure workplace bullying.</p> <p>The NAQ measures how often during the previous six months to respondents</p>	<p>The population of this study is 217 employees from a plastic manufacturing company, located in Melaka, Malaysia.</p>	<p>Workplace bullying such as belittling comments, persistent criticism of work and withholding resource appears to inflict more harm on employees (p. 26).</p> <p>Workplace bullying is a deleterious problem leading physical, emotional, and psychological damages to employees (p. 27).</p>	<p>It can affect the ability of an individual to perform well and the organization as well (p. 26).</p> <p>There is positive significant relationship between workplace bullying and work performance (p. 26).</p>

		who have been subjected to negative acts at work.			
Gullander et al., (2014)	To examine the prospective association between self-labeled and witness-reported bullying and the risk of newly onset of depression.	<p>Participants from the Workplace Bullying Harassment (WBH) Cohort received a questionnaire in 2006 and again in 2008.</p> <p>Participants from the Prisme Cohort (PC) received a questionnaire at baseline in 2007 and again in 2009.</p> <p>The two cohorts have a comparable demographic profile which influenced the researchers to combine the two cohorts in a joint study in 2011.</p> <p>The study participants were investigated three times with approximately 2 years between examinations. At all occasions, the participants received an extensive questionnaire measuring health status, working conditions, social and family life, educational level, history of depression, and mental distress.</p>	<p>Employees were recruited from two Danish cohorts of 3196 and 2002 employees - the WPH Cohort and the Prisme Cohort (PC).</p> <p>The WBH cohort enrolled employees from workplaces throughout Denmark, while the PC included hospital and civil-service employees from different workplaces in the Central Denmark Region.</p> <p>147 new cases of depression were identified. The odds ratio for newly onset depression among participants reporting bullying occasionally was 2.17 and among frequently bullied 9.63. There was no association between percentage witnessing bullying and newly onset depression.</p>	<p>The study found a strong prospective association between self-labeled bullying at the workplace the past 6 months and the occurrence of depression 2 years later among employees without depression at baseline (p. 1263).</p> <p>The risk of depression was found to be related to the severity of bullying as the risk was markedly higher in participants reporting weekly or daily bullying than among participants with less frequent bullying (p. 1263).</p>	
Schat , A. & Frone,R. F. (2011).	To examine the relationship between workplace aggression and two from of job performance – task performance and conceptual performance.	A model was developed and tested in which overall job attitudes and overall personal health fully mediate the relations between	The study included 2829 individuals who participated in the US National Survey of Workplace Health and Safety.	Workplace aggression or bullying places a burden on workers, organizations, and collectively a nation's economy (p. 37).	<p>Workplace aggression (WPA) is found to be significantly and negatively related to overall job attitude (p. 33).</p> <p>Exposure to WPA is negatively related to both task and</p>



		<p>exposure to psychological aggression at work and both task performance and contextual performance.</p> <p>Phone interviews were conducted to include all non-institutionalized adults 18 to 65 who employed in the civilian labor force and residing in households in the 48 contiguous US and the District of Columbia.</p> <p>Data were obtained from a national probability sample of US workers (N=2376) and the model was tested using structural equation.</p>	<p>The respondents' characteristics were as follow: 53 percent male; 72 percent white; 13% Black; 8% Hispanic; 7 percent of other racial ethnic makeup. Average age of participants were 39 years. Average total family income was \$60,740.</p> <p>The participants worked an average of 42 hours per week and had held their present job for an average 5 years.</p>		<p>contextual performance (p. 33).</p> <p>Exposure to psychological aggression at work negatively, indirectly predicted decrements in tasks and conceptual job performance by compromising workers' overall health and job attitudes (p. 34).</p> <p>Workplace aggression or bullying places a burden on workers, organizations, and collectively a nation's economy (p. 37).</p>
Nielsen et al., (2016)	To determine the relative impact of different types of bullying behaviors on suicidal ideation two and five years after the fact.	<p>This study is a three-waved survey of a representative sample of Norwegian employees.</p> <p>Time-lags between surveys were two and five years.</p> <p>Questionnaires were distributed through the Norwegian Postal Service to respondents' home addresses.</p> <p>Exposure to bullying behaviors was measured with the 22-item revised version of the Negative Acts Questionnaire</p>	<p>In 2005, Statistics Norway drew a random sample of 4500 employees from the Norwegian Central Employee Register.</p> <p>Sampling criteria were adults aged 18-65 years and employed during the last 6 months in an enterprise with a staff of &gt;5 and with a mean working hours of &gt;15 years per week.</p> <p>2539 questionnaires were returned. A total of 1291 persons participated at</p>	<p>Exposure to physically intimidating bullying, but not person to person or work – related bullying is a significant risk factor for suicidal ideation two and five years after the fact (p. 249).</p> <p>The findings support the Interpersonal Theory of Suicide by confirming that repeated exposure to painful and provocative events in the form of physical intimidating is associated with an increase risk of suicidal ideation (p. 249).</p>	

		<p>(NAQ-R).</p> <p>Suicidal ideation was measured with a single item from the 25-item version of the Hopkins Symptoms Checklist (HSCL).</p> <p>Questionnaires were distributed through the Norwegian Postal Service to respondents' home addresses. Altogether, 2539 questionnaires were returned.</p>	<p>all three times points, while 2062 participated at least twice.</p>		<p>Women who are exposed to bullying have a longer time away from productive work which is costly to themselves, to employers, and to society (p. 774).</p> <p>At times, these women will stop believing in themselves which impair their work performance (p. 773).</p>
MacIntosh, J., (2012)	<p>This study aims to explore the influence of workplace bullying on women targets' decisions to stay or leave and on workplaces and the consequences for them.</p>	<p>The researchers conducted a ground theory study with participants to understand, from their perspective, how bullying at work affected their health and how they managed their health.</p> <p>The women were recruited by placing small notices in community newspapers. The women who contacted the researchers were screened. Next, interviews were booked with those who were interested in participating. Semi-structured interviews were then conducted and recorded; the information obtained was transcribed; and the transcripts were simultaneously analyzed as more data were</p>	<p>A community sample of 40 Canadian women participated in the study.</p>	<p>When women remain in bullying environments and cannot resolve the bullying or its effects, they are at greater risk of becoming sicker, needing leaves, and often take early retirement or long-term disability (p. 774).</p> <p>The researcher reports that for most women who stay, the bullying continued or escalated. For many of them, their health continued to deteriorate and their relationship both at work and outside work were negatively affected (p. 770).</p> <p>The impacts on women of long-term bullying demanded longer recovery time (p. 772).</p> <p>The effects of being bullied often included physical manifestations like headaches and migraines. Many women showed the physical sign of stress, such as having worsening psoriasis,</p>	

		being collected.		<p>colitis, and stomach ulcers. Many women reported sleep disturbances, resulting in fatigue and lack of concentration; change in eating habits, resulting in weight changes; emotional volatility, resulting in crying, anger, panic attacks, and emotional outbursts; and mental health outcomes, resulting in depression, post-traumatic stress symptoms, and suicide ideation (p. 773).</p> <p>Some women who have been target of bullying became fearful for their safety, reported reduced self-esteem, and became withdrawn and isolated (p. 773).</p>	
Laschinger, H. K. S. & Nosko, A., (2015)	To examine the relationship between nurses' exposure to workplace bullying and post-traumatic stress disorder symptomology and the protective role of psychological capital	<p>Survey packages were mailed to nurses' homes. Packages included a letter explaining the study, a questionnaire, a stamped return envelope and 5 dollars for coffee voucher were offered as a token of appreciation for their time.</p> <p>Data for this analysis were collected from January 2012 to March 2012. A survey of 1205 hospital nurses was conducted to test the hypothesized model.</p> <p>A modified version of the Total Design Method (Dillman 2000) was used to increase survey</p>	<p>A random sample of registered nurses in Ontario was obtained from the College of Ontario registry list. The total sample included 1140 nurses. Only nurses working in acute care settings were eligible for inclusion in the present study and the final sample consisted of 631 experienced nurses and 244 newly graduate nurses. The samples were predominantly female.</p> <p>On average, new graduate nurses were 27 years of age and experienced nurses were 46 years of age.</p>	<p>Workplace bullying was found to be significantly related to both psychological capital and post-traumatic stress disorders (PTSD) symptomology for both new and experienced nurses (p. 257).</p> <p>More frequent exposure to bullying was associated with higher levels of PTSD and higher levels of psychological capital (PsyCap) were associated with lower level of PTSD (p. 257).</p> <p>Bullying was a significant predictor of PTSD symptomology for both group (p. 258).</p> <p>PsyCap may play some protective role against bullying (p. 259).</p> <p>These findings enhance the understanding about the nature of the relationship between</p>	

		response rates.		workplace bullying and PTSD, a serious mental health outcome, and the extent to which PsyCap, an interpersonal strength, protects nurses from the negative effects of bullying (p. 260).	
Hogh et al., (2012)	To test the association between exposure to negative acts at work, psychological-stress reactions, and cortisol secretion and whether some negative acts are more detrimental than others.	<p>A questionnaire study was sent out for participants to fill out.</p> <p>Also, the participants' saliva was collected at awakening, 30 minute later, and at 20:00 during a workday. The saliva was analyzed for cortisol concentrations. Negative acts were measured using a modified version of the revised Negative Acts Questionnaire (to measure bullying behavior). Psychological stress-reactions were measured by the Impact Event Scale (IES) to measure traumatic stress reactions.</p>	<p>60 workplaces with more than 30 employees were invited to participate in the study.</p> <p>Employees from 55 workplaces gave salivary samples. 3382 participants from these workplaces completed a questionnaire measuring negative acts questions, and responded to questions on psychological stress symptoms</p>	<p>The study found that increasing reports of negative acts, which craft bullying behavior, had an impact on both psychological stress reactions and physiological stress response (p. 50).</p> <p>Targets of self-labelled bullying and targets of negative acts show symptoms of both psychological and physiological stress response and such may indicate a traumatic stress reaction (p. 50).</p> <p>Exposure to different types of negative acts generated different stress reactions (p.50).</p> <p>Increasing degrees of direct harassment and intimidating behavior was negatively associated with the physiological stress response (p.50).</p> <p>Direct harassment was found to be only associated with avoidance and being intimidated was associated with intrusive thoughts and hyper-arousal (p. 50).</p> <p>The risk of stress reactions may become more chronic and add to potential health problems. (p. 51).</p>	